Year 1 GP teacher workshop report

Engineers' House, Clifton, Bristol – Tuesday 17th September 2013

Many thanks to those of you who attended the workshop, it was great to meet with you and share teaching experiences. For those of you who were unable to attend, this is a summary of the day, with details of changes and other useful information for all year 1 teaching GPs in the form of shared tips and ideas. I particularly hope that the section on contingency planning and online resources will be useful in your teaching.

With this report we are also sending an electronic word copy of the GP tutor guide so you can cut and use documents in the appendix as necessary. I am also attaching a folder of 'other teaching docs that may be useful'. This is based on resources and ideas from the day and includes the following:

- HBoM session integration planner
- NEWS tool for practical skills learning
- Reflection activity
- Tips on giving feedback and peer assessment
- The scenario GP gift meeting plan
- Student study guide

For GP teachers who were unable to attend the workshop, please contact phc-teaching@bristol.ac.uk if you would like a hard copy of the GP teacher guide.
If you are new to teaching and did not attend the workshop, please do have a good look through the guide which should tell you everything you need to know to teach year 1 students in practice, and do get in touch if you have any queries. For any experienced year 1 teachers, the book details any updates/changes and again do get in touch as necessary.

Lucy Jenkins, 2013

Contents of the workshop report

Workshop programme, aims and objectives 2
General update 2
Communicating concern about students 3
Year 1 update 3
Integrated learning 4
Highlights, challenges and solutions, tips for session planning 4
Contingency planning 7
Online resources 7
Assessments 8
Teaching practical skills 9
3D – Disability, Diversity and Disadvantage 11
Innovations and different activities in year 1 teaching 11
Reflection activity for students 12
Plans for 2014 and beyond 12
Further teaching opportunities 13
Your feedback on the workshop 13

To make general enquires about Primary Care Teaching, please email phc-teaching@bristol.ac.uk or call 0117 9287256

Workshop programme, aims and objectives

Morning		
9.00 – 9.30	**Coffee and registration**	Alison Capey
9.30 – 9.45	Welcome and MBChB update	Barbara Laue
9.45 – 10.30	Review and update on the course	Lucy Jenkins
10.30 -11.30	Challenges, solutions, highlights Session planning incl. home visits and observed consultations	Small groups
11.30 – 11.55	**Coffee**	
11.55 – 13.10	Teaching practical skills in year 1	Natasha Ward
13.10-14.00	Lunch	
Afternoon		
14.00 – 15.00	Vertical theme 3D – Disability, disadvantage and diversity	Hannah Condry
15.00 – 15.15	**Coffee**	
15.15- 16.15	Review of assessments Innovations in year 1 teaching Plans for year 1 – 2014/15 and beyond. Sum up, further resources/support and teaching opportunities	Lucy Jenkins and others
All day	Exhibition of prize winning year 1 students work Blackboard demo for those who are interested	

Facilitators and Contributors

Jessica Buchan	GP and Teaching Fellow: GP lead for Year 4
Hannah Condry	GP, Year 1 teacher and Medical School lead for 3D vertical theme
Lucy Jenkins	GP and Teaching Fellow: GP lead for Year 1
Barbara Laue	GP, Senior Teaching Fellow and North Bristol Academy GP lead
Teo Lopez Bernal	2nd Year student
Natasha Ward	GP Registrar (ST4)

Aim To update and develop GPs' teaching skills for Year 1 GP attachments

Objectives

- Understand the objectives for the 8 week placement
- Identify teaching challenges and solutions
- Share teaching tips and experiences, new ideas to try
- Discuss and evaluate session planning (home visits and consultation observation)
- Revise new guidance and process for assessing student work and giving feedback
- Explore skills and methods for teaching practical skills
- Gain insight into the 3D vertical theme and how to integrate this into GP teaching

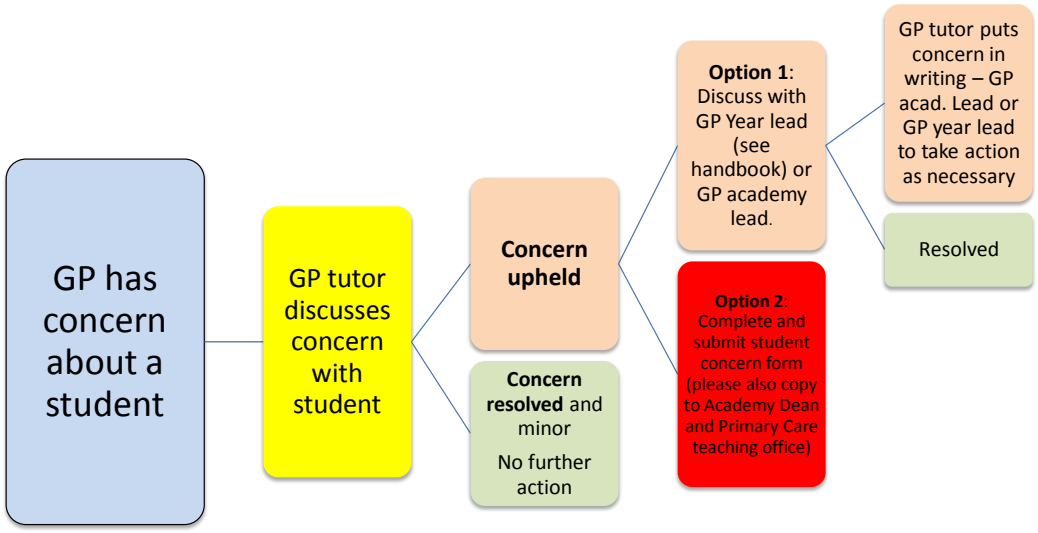
General update

Barbara Laue gave a presentation detailing the primary care teaching team and key people in the medical school. This was followed by information about the academies, where and when GP teaching occurs. We discussed how we can keep our GP teachers informed and supported as below. The link to the newsletter is here; which always has a link to the medical school newsletter http://www.bristol.ac.uk/primaryhealthcare/teachingtutors/newsletter

Communicating concern about students

We discussed how we would support struggling students, and resources for student support (page 6 of the GP teacher guide and also in the student guide). Below is a simple version of the protocol for communicating concerns, the full form along with a copy of the 'student concern form' is in the appendix of the teacher guide.

Flow chart for communicating concern



The academic mentor scheme is in its third year. From 2013-14 all medical students will have an academic mentor. If you are interested in becoming one, please email Chris.Cooper@bristol.ac.uk

Year 1 update

Alison Capey has been covering for Jacqui Gregory (back from maternity leave November)

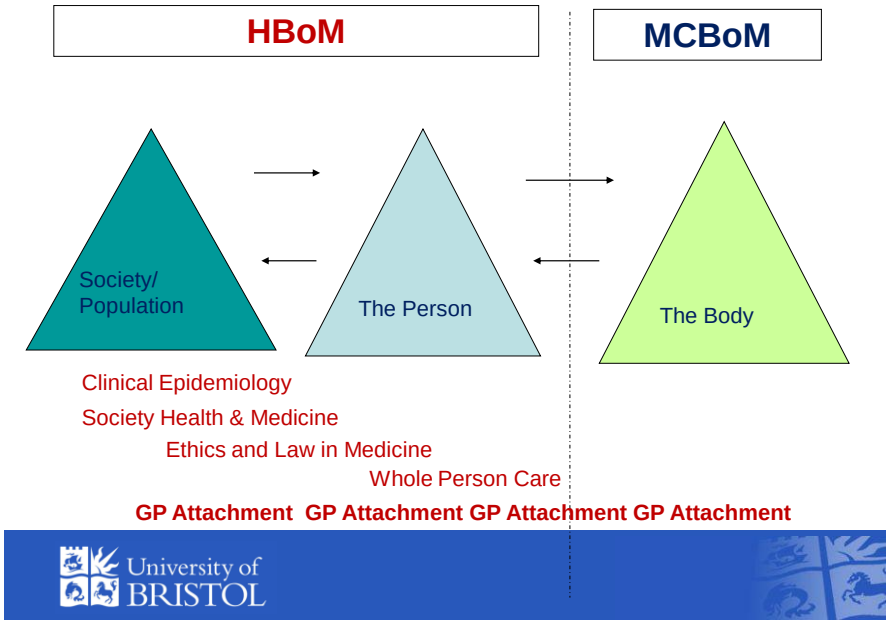
The Introductory session is now a lecture followed by small group sessions with a new Communication Skills focus – facilitated by trained actors and using listening and questioning exercises as well as a home visit role play.

Assessment changes (see further details below, page 8)

- removal of grades, with more qualitative feedback, both one-to-one verbal and written
- Blackboard upload no longer necessary
- Week 8 – self/peer assessment encouraged

Travel expenses now paid to practices in zones 2/3 – city bus zones. There is information about this in the students' study guide.

Integrated learning



We are continuing to try to integrate experiential learning in primary care with other subjects the students are covering at the university. A review of the other elements and vertical themes was helpful – see details in the GP teacher guide. A new document was circulated to advise GP teachers what else the students are learning. This details learning each week of the course - a copy is attached with this report. The group felt that this was preferable as an easy to refer to document rather than weekly emails that have been sent in previous years.

Integrated learning *"Knowledge Learnt in Isolation is rapidly forgotten"*

- Constructivist approach, through experiential learning with GP/patients or tutorials
- Holistic approach: overcome the separation of the form and function of the body, disease and social aspects.

How can we integrate?

- Be aware of what other courses involve. Review details of lectures – in pack and attached
- Ask students about other learning, relevant patients they may have seen/issues discussed
- Try to make/share links between subjects with students
- GP cases discussed in SHM sessions

Highlights, challenges and solutions, tips for session planning

Highlights

- Student reflective work
- Converting them to General practice
  - Observing consultations in some cases changes their view of General practice 'Anything could come in'
- Learning more about your own patients
- Reflection on own consultations
- Patient feel good factor – empowering, enhanced status
- The students' enthusiasm, questioning nature and fresh insights
- Variety in type of work
- Developing new and different skills

Challenges	The solutions
Finding enough/the right patients for home visits	Keep a list over the year of patients who are suitable for home visits or would be good for students to meet/talk to. One practice has an excel spreadsheet on a shared drive so all GPs can add to it. One GP takes a few student intro letters out with her in the home visit bag in the weeks before she has year one students. If a patient is suitable she asks there and then if they would consider talking to a student and leaves a letter.
Very quiet or very loud students	Rotate students to mix up pairs Actively manage – ask specific students for comments. Give loud students a role e.g. flipchart writing to busy them Debriefing and revisiting debriefing Use body language to manage group, i.e. turning away from the person who is hogging the discussion Assign roles 'good cop', 'bad cop' Give feedback on behaviour in group (If there is a significant problem, try and do this early, i.e. at the end of first session)
'Baggage' students may come with	Be sensitive to what they may bring to the sessions, i.e. have they had any bereavements, a relative who has done badly with their DM etc Consider specific problems e.g. Late nights out, being burgled, money problems, housing issues Offer support in first session and review this throughout the course. The range of student support services are listed in the GP teacher and study guide.
Getting useful patients/a good mix for the student surgeries	Pick patients to attend e.g. from the QOF list. Same day/emergency surgery useful A discussion that all patients bring up interesting topics even if the consultation may not seem immediately "gritty" or complex.
Timing the sessions. "I always over run" "there is so much to fit in/discuss"	See top tips for planning sessions. You can't cover everything. What are the students learning needs? Can focus on topics for a surgery e.g. blood pressure or prescribing or doctor vs. patient agenda in the consultation
It is difficult when patients decline to have a student present	Gain patients' consent on booking—train the receptionists to explain to patients what to expect. Pre-booked surgeries (at least some) with patients invited in can reduce this risk. Ensure clear consent: Need to be told at booking that they will have one or two students sitting in They also need to be reminded on arrival and you can remind them when you call them Accept that this may occasionally still happen and use contingency plans as necessary

Challenges	The solutions
What to do with the students when I'm taking the others to a visit or a patient declines to see them.	The students could: read through a summary of patient notes and look up the medications in a BNF. Or write up a consultation they have observed from earlier and highlight the issues they'd like to discuss (good for thinking about the applied case) Or practice blood pressures/clinical skills on each other Or sit in the waiting room/reception and make observations to discuss later. You could send them to buy biscuits and discuss their views on the local area and observations with you. Computer access is useful - look up "evidence" on the computer, see online resources below
Teaching prescribing	Give old MIMs/BNFs to each student Give tasks, e.g. ask them to calculate Paracetamol dose for a small child Give real paper prescription to write a prescription for a patient Discuss compliance Get them to interview a patient about their meds, side effects, what the patient understands etc Visit a local Pharmacy to learn about OTC meds
Should we give home visit summaries of patients to students? I want them to have a fresh perspective of the patient as a person, but the students seem upset they don't get a summary	A compromise? Minimal information. Or put a brief summary (e.g. main diagnosis, medication, allergies) in an envelope and explain you would rather the students didn't look at it, but it's there if they need to refer to it.
How can we get feedback from the patients?	Phone them/ask for it. It's useful for the student to hear that a patient thought they were "very shy/quiet" Student could ask for feedback too
What if the student gets into difficulty on the home visit	Discuss possible problems in week 1- section in study guide on this Give them your mobile/direct dial number - and take their number too in case they are back late
What if the patient doesn't want the student in their home?	Invite the patient to surgery (one patient did this for a few times before feeling confident to allow students to visit)

<u>Tips for planning sessions:</u>

- Don't have too many patients booked. Most GPs vary between 4 -6 in an afternoon session.
- Most GPs took students on home visits between 2 and 2.30 and started afternoon sessions at 2.30.
- Spacing varied between 10 minutes consultations with 10 minute gaps and 15 minute consultations
- Some found an afternoon of home visits – taking all students out on visits less stressful. They then had alternate "surgery" afternoons. They would consult with 2 students observing and bring in invited patients to talk to the other 2 students. We discussed this as a group and wondered if some patients would agree to meet students in surgery before their appointment with you; the students could then "attend" with the patient and see how what the patient presented to them differed from their consultation with you.

- Plenary/debrief sessions were recognized as valuable but sometimes difficult to fit in timewise when students need to be back in hall on time for dinner.
- The shared taxi was encouraged!

Checklist for first sessions – see also detailed section on this in GP teacher guide

- Indemnity (this is free for medical students)
- Toilet
- Travel
- Expectations
- Prepare them for uncertainty
- Raise awareness how different patients and or problems may affect them, for example bereaved patients if they have recently had a bereavement themselves
- Some GPs provide few minutes of individual time to each students at the end of week 1
- Cake!

It might help to have a "teaching meeting" in your practice if you don't already. This is the kind of plan it's useful to discuss with your partners. Do you keep a timetabled plan session/copy of GP teacher guide on the shared drive—both so that another GP could take over or so that pre-booked patients/home visits could be cancelled if necessary?

Contingency planning

What to do if:

The home visit patient forgot/went shopping/changed their mind (or the visit only lasted 10 minutes and the students return)

It is worth having a (mental or physical) list of "contingency patients" perhaps elderly social patients who are usually in at short notice and pre warning them that you may get in touch. Would any of next weeks' patients step into the breach?

Again a district nurse might have a good suggestion for a last minute visit/ or go with the nurse.

Some GPs try to prevent this happening by only booking patients a week before or checking availability shortly before the session.

The GP is off sick:

Think broadly about who else can take a student—the practice nurse/ a district nurse or midwife.

Can the practice manager show them how to run a mini audit?

Could the student sit in with another GP?

How to manage cancellations/students in surgery with no planned activities

Visit patients in NH

Sit in at reception

On line resources – see below

Patient.co.uk –Time to plan/work on assignments

Practice practical skills on each other – using the NEWS RCP chart

Online resources

- www.ole.bristol.ac.uk

(student online learning environment –there is a wealth of learning resources here for them, not least a library of past student's work for them to review)

- www.healthtalkonline.org

(patient accounts of their illness stories)

- www.outofourheads.net

(online exhibition of Bristol students' creative work)

- Essential Clinical Communication tutorials via Blackboard.

(series of 7 developed by the UKCCC)

- www.nhs.uk
- www.patient.co.uk

(look up a condition of a patient they have seen – can share with rest group in plenary session – e.g. tell me five interesting things about MS)
http://www.youtube.com/watch?v=Jb71-kSFsdw&desktop_uri=%2Fwatch%3Fv%3DJb71-kSFsdw&app=desktop
A fun attempt to use the RCGP consultation guidelines for patient centred consulting.

See under practical skills teaching and 3D below for specific online resources to support these topics.

Assessments

A review of the assessment process was carried out as below.

- **GP tutors prefer the new method of giving students quality feedback but no grade (this has also been supported by student feedback and fits with guidance from the GMC).**

- **GP tutors would prefer having a copy of the assessment information and a reminder of the process emailed in week 5 rather than at the beginning of the block.**

Assessment is:

Summative – pass/fail. No grade.
It is essential to use the descriptors in the teacher guide to assist your marking and feedback
Please refer any work you are concerned about to PHC before 'failing' a student. It will then be further marked by at least 2 other GP teachers

Formative – constructive feedback using the sheet which will be emailed in week 5 and page 41 on the GP teacher guide.
Three things that impressed me about your assignment
Three things that would improve your assignment:
Discussion points:

This must be emailed to Dr Jenkins by week 8. The marking is then moderated and the feedback will all be uploaded to Blackboard.

Why are they marked in this way?

- Difficulties standardising grades(which didn't count in the past)
- Grading creative work is complex and subjective.
- Reflection and empathy are hard to quantify
- Qualitative feedback lacking – GMC and NSS

Students who have completed two pieces of excellent work and performed well throughout can be nominated for the year 1 primary care prize. Their reflective pieces are then assessed by a panel of academics and one or more prizes are given out. Please note the student **cannot be considered for the prize** if they do not include patient consent in their assignment or there is late hand-in without good reason

- **GP tutors would prefer to continue submitting that one page of feedback to Dr Jenkins rather than uploading it to Blackboard themselves.**
- **<u>Triadic feedback</u> in week 8 has been working well. The process was clarified as below:**

Benefits:

- Collaborative and social learning.
- Enhanced experiential and reflective learning from real patients.
- Students can develop feedback skills - necessary career – appraisals etc.

Process:

- Discuss principles of feedback with students
- GP feedback to student on their work (individual)
- Students to review each other's reflective pieces
- Self assessment and peer feedback (group)
- Discussion led by GP teacher

Additional:

- Optional feedback to GP on the placement (tool in appendix of GP teacher guide)
- Students to feedback to university (online)

Teaching practical skills

This is very popular with the students.

- "hands on" authentic medicine
- Physicality of patient contact
- Increases relevance of MCBoM learning
- Preparation for practicals e.g.CVS
- Integrated learning and spiral curriculum means early skills learning necessary
- GMC core skills include basics and the CAPS log book – introduced in year 2 starts with basics

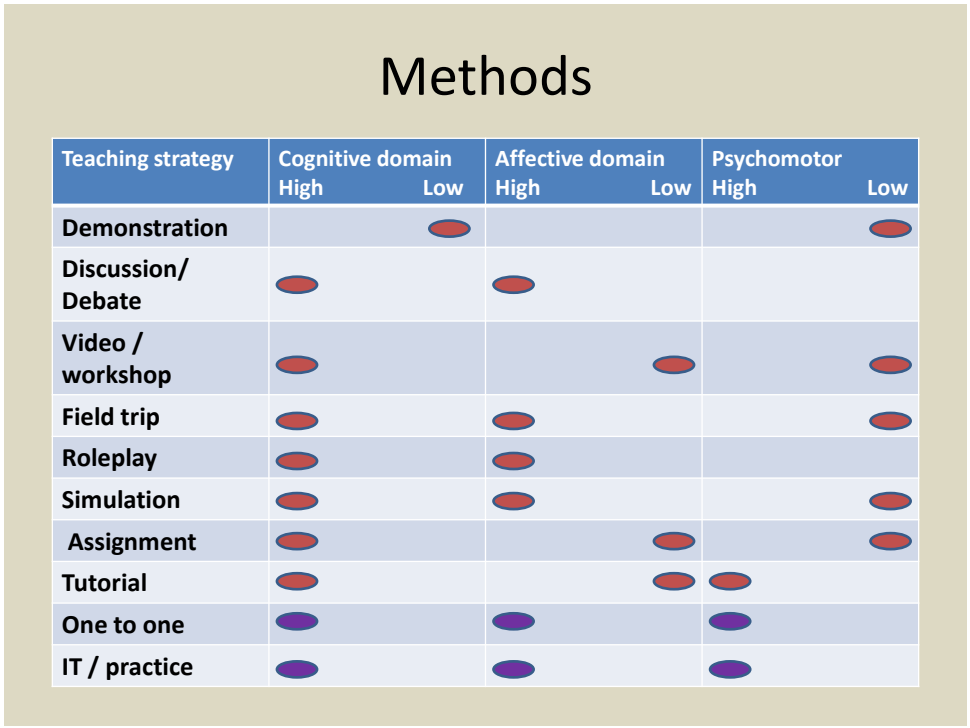
Ideally you would introduce these skills in week 1, and there would be the opportunity to practice during the placement/on home visits with a review in the final week. Students can practise on each other too; a useful activity for when they are unoccupied in the practice.

Dr Natasha Wood, an academic ST4 who has recently been teaching practical skills to medical students in the hospital gave an informative and interesting presentation on the teaching clinical skills.

<u>Methods discussed:</u>

- See one, do one, teach one
- Miller's Pyramid
- Doheney – mental rehearsal combined with physical practice: increase speed of learning skill
- Four-stage approach (Peyton et al)
- Task analysis

We discussed four specific methods and the advantages and disadvantages of each for teaching practical skills in year 1. The chart below is a useful guide as to which methods are best for teaching within the different domains.



Other shared tips for teaching practical skills in year 1 are as below:

- The doctors bag game, fun for week 1 - get the students to delve into your doctors bag and guess what the equipment they pick out is for and learn how to use it
- Don't assume students know the basics
- Sequential teaching - one step at a time for complex practical skills, not underestimating the sense of achievement with small parts
- Give them the environment and opportunity to learn and practice
- Talk through what you are doing in the observed surgery e.g. if doing a BP
- Focus on different skill each week
- Get all students and tutor to measure same thing, write results down, share anonymously
- Mini OSCEs in week 8
- Using the RCP National Early Warning Score (NEWS) chart. This tool (designed for standardising the assessment of acute-illness severity in the NHS) covers P/BP/temp/ox sats/GCS and BM - helps to increase clinical relevance

http://www.rcplondon.ac.uk/sites/default/files/documents/news-observation-chart-a3-size-_0.pdf

- Teach them to find a carotid pulse quickly
- Junior doctors e.g. such as F2 or ST1-3s is to run Practical skills teaching sessions
- Use of online learning – Hippocrates which is a website for year 3 but available to all students which has some online learning for some skills. Also, Manchester University has online skills teaching available via YouTube - http://www.youtube.com/user/CMFTUGME
- It was discussed whether year 1 students can access the academy based clinical skills labs – this is not unfortunately available to year 1 students as they are not yet allocated to academies
- Giving the students homework e.g. checking 20 pulses before next week
- Asking the students to opportunistically do skills on visits and during consultations (may even help QoF!)

- Tips for teaching BP measuring
    - Teach them to own their own number
    - BP varies from minute to minute
    - Give completely wrong reading and check what students measure
    - Do they trust their own measurement? Facilitate being honest

3D – Disability, Diversity and Disadvantage

Hannah Condry gave an inspiring and useful presentation focused on the 3D vertical theme, summarised as below. We discuss specific cases and ways in which we could bring discussions about this into our plenary discussion sessions and how we could choose appropriate patients to illustrate these themes.

These are three formidable components, all of which define the patient's environment, function and potential to live a fulfilling life. It similarly affects us as practitioners, and our own personal experience of these components will in turn determine our approach to this theme, and ultimately our practise. The 3D journey is therefore an assessment of one's beliefs and attitudes, as well as acquisition of knowledge and various skills. Learning and teaching occurs especially in "3D Week" of Year 2, Central Study Days of Year 3, COMP 1 & 2, and scattered through all other clinical units. 3D, along with EBM and PH, is where teaching on global health issues are sited in the curriculum.

Example of how these themes can weave into our year 1 teaching:
(discussing Wellspring practice as an example)

The students are taken on a tour of the local area by an employee of the practice who is also a local resident. We give them some information on the Bristol Joint strategic needs assessment which is on the internet and would include information http://www.bristol.gov.uk/page/joint-strategic-needs-assessment-jsna-main-page on all the areas. So this looks at the 'disadvantage' section of the 3D theme in the broad sense of having an understanding of the community and the area and housing.

Encouraging the students to do more reading of novels/ poems on the experience of illness/healthcare e.g. The Diving Bell and the Butterfly, a new perspective on disability Also, we watched a powerful trailer for a film by a learning difficulties patient with a terminal condition. http://www.biggerhousefilm.co.uk/showreel/ is a link for the learning disability film makers - innovations in dementia and David's diary may be useful, and perhaps 'moving on' which has people with learning disabilities discussing their experience of relationships.

Innovations and different activities in year 1 teaching

We discussed that each student should do: minimum 2 visits and 2 sessions of observed consultations. Other relevant activities are welcomed and there is some scope for flexibility especially wk 1 and 8. GP teachers can discuss with students their learning needs/special interests and review this halfway through the course. A number of these ideas may also serve as contingency plans should a patient cancel or GP teacher be unwell/busy driving other students to visits etc.

- Observing specialised services in the surgery or chronic disease management (Nurse workshop)
- Group session with appropriate patient
- Whole patient encounter – meet in car park/home and accompany to appointment/pharmacy etc

- Accommodating students special/personal interests or....facilitate attendance at other healthcare facilities relevant to assignments (e.g. MoD, support groups, rehab centres)
- Comparing consulting styles of different GPs
- Sessions led by trainee GPs
- Simulate a meeting e.g. Internet consultations, gifts to GPs (see example in pack), funding decisions.
- Debate a current or relevant ethical issue
- Get the students to research a question
- Reflection through role-play e.g. disability
- Learning through quizzes e.g. alcohol quiz

Other activities carried out by GPs in the last academic year:

- Invited them to our practice learning afternoons with speakers
- Using a case history of someone students have seen to learn about prescribing and basic drugs.
- Started basic history taking and examination skills
- Visit to a hostel for people with drug/alcohol problems.
- I invited them to the practice meetings and also to our learning disability confidential enquiry meeting which they all found very useful (possibly the best thing)
- Teaching to give flu jabs and helping with clinics

Mark O'Connor at Wellspring mentioned his sessions with themed tutorials each week. These worked well as long as there was a clear structure. Collecting resources e.g. interesting articles during the year was helpful. Also an interesting activity involved encouraging students to think about language and how the words we use can be perceived in different ways e.g. risk – one activity was each group member saying what % likelihood correlated to a number of terms e.g. frequent, likely, occasionally etc.

Reflection activity for students

See the attached document for a suggested activity for encouraging reflection in students. This may be useful in week one or later in the course if students are struggling with the concept of reflection for their assignments.

Plans for 2014 and beyond

<u>Need for change</u>:

1. Semesterisation – central University change
2. GMC recommendations (GMC Quality Assurance of Basic Medical Education Report 2009)
    - to review whether the *level of detail* of basic sciences taught and assessed in yr 1 and 2 is appropriate for undergraduate students and has *clear clinical relevance*
    - to promote learning styles to prepare students in a clinical environment to aid the significant transition between the "pre-clinical" yrs 1 and 2 and "clinical" years 3-5.

MCBoM to be replaced by "*Biomedical Foundations of Health and Disease"*

- Theme based teaching – e.g. metabolism, nutrition, autonomic nervous system, cancer, molecular biology and genetics
- Each theme started with a clinical case presentation
- Clinicians involved to increase clinical relevance
- Aim to better prepare students for phase 2 = systems based teaching

HBoM to be taught in a 7 week block in the second semester
GP teaching will stay 2 x separate 8 wk blocks

- popular high quality experiential integrated learning with real patients, preparation for later clinical learning

Opportunities

- Integration of other learning materials into the GP attachment - grounding pre-clinical scientific learning in a clinical context

Challenges

- Ensuring the opportunities to learn about other HBoM subjects from patients in GP are not lost in 1st semester
- Maintaining our focus on communication, patient-centred care, vertical themes and the human side of Medicine

Further teaching opportunities

Please contact phc if you would like more information on any of these.

- Teaching in other years
- Becoming a core practice
- Small group session tutor e.g. Consultation skills (years 2,3,4), Disability (year 4)
- Examining in OSCEs
- Academic Mentoring
- Honorary teacher scheme

For further teaching training which may be relevant see:
http://www.bris.ac.uk/medical-education/tlhp/courses/fit2teach/

Your feedback on the workshop

Most useful it seems was the opportunity to share tips with other GP teachers and the assessment/feedback session. We really are grateful for your feedback and consider it all in future course and workshop planning, for year 1 and within the Primary care department as a whole.

Enjoy teaching on the course and do get in touch as necessary

Lucy Jenkins, September 2013 (Lucy.jenkins@bristol.ac.uk)